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THE SPECIAL PROJECT FOR BASIC SERVICES FOR CHILDREN, MOTHERS AND THEIR FAMILIES IN EAST TIMOR

Implementation Report June 1982 - June 1984

UNICEF INDONESIA
Project E/ICEF/P/L/1863

SUMMARY

The Special Project for Basic Services for Children, Mothers and Their Families in East Timor is an integrated nutrition, health and community development project implemented since June 1982. Its activities include (1) monthly weighing sessions to monitor the growth and nutritional status of children under-five, (2) nutrition and health education, (3) distribution of vitamin A and iron folate supplements, (4) distribution and promotion of oral rehydration solutions, (5) treatment of malaria and common eye and skin infections, and (6) daily rehabilitative supplementary feeding of malnourished children. These activities are conducted by trained village volunteer workers under the supervision of rural health centre staff. In addition to these basic core activities, other activities have included mass immunization and anti-yaws campaigns, the promotion of home food production through home and community gardening, as well as small animal poultry and fish husbandry, a non-formal literacy programme, and the development of village water supply systems.

The project is implemented by the Indonesian Red Cross (PMI) and UNICEF, working in connection with the Departments of Health, Agriculture, Education and Culture, and Community Development of the provincial government of East Timor.

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I. INTRODUCTION

The Province of East Timor, comprising the eastern half of the island of Timor and the adjoining islands of Atauro and Jaco, has a population of approximately 555,350 inhabitants. The region is prone to drought and the great majority of the population live at a subsistence level by means of primitive agriculture. The onset of civil war in 1975, and the mass dislocations of the population which followed, resulted in widespread food shortages and adverse health conditions requiring massive relief efforts.

In October of 1979 the International Committee of Red Cross (ICRC) and the Indonesian Red Cross (PMI) initiated a relief operation providing food and medical services to 14 settlement areas which were selected because of their remoteness and inaccessibility by road, and the severity of the health and nutrition status of the people. This operation required the transport of food and medical supplies by plane and helicopter and continued until April 1981.

In April 1982, the PMI and UNICEF agreed to jointly implement a special project of basic services for children, mothers and their families in seven of the fourteen areas covered by the PMI/ICRC. These seven locations were selected by the PMI, UNICEF, ICRC, and the provincial government, based upon criteria of difficulty of access and greatest need of health and nutrition services. These areas with their relevant demographic statistics are listed in the following table:

TABLE I

PMI-UNICEF PROJECT AREAS

Sub-district	No.of villages	Population*	Children under five
Uatolari	6	14,240	3,250
Iliomar	6	5,726	777
Luro	6	4,848	758
Dilor	4	4,830	576
Laklubar	6	8,934	1,008
Turiskay	3	3,009	534
Natarbora	2	1,740	232
T o t a l	33	43,327	7,135

* Figures as of May 1984

The PMI/ICRC food relief project continued during this time and food stocks were maintained to supply food deficit areas including the PMI-UNICECF project locations through June 1983. A helicopter has been leased jointly by the ICRC and UNICEF since June 1982 to provide access to project areas.

The objective of the PMI-UNICEF project was not to serve as relief operation but rather as a transitional activity with a focus upon nutrition and basic health services for the most vulnerable groups, children under five years of age, and pregnant and lactating women. These activities were to be carried out in close cooperation with the provincial health authorities with the long range goal that after a period of several years, the project activities would be absorbed into the routine services of the health sector. In order to make this possible several principles were followed. The original project activities included the national Family Nutrition Improvement Programme (UPGK) and the Primary Health Care (PKMD) programmes which were slightly modified to more fully meet the needs of the local situation. Since inception the activities have been implemented at the village and sub-district level by village volunteers and health centre staff with supervision, technical, and logistical support from the PMI-UNICEF staff in Dili and Jakarta.

II. PROGRAMME ACTIVITIES 1982-1983

a. Initial Training

The initial activities included a three day orientation meeting and an eleven day training session which were held during June and July 1982.

The orientation meeting was attended by forty-four participants representing provincial, regency and sub-district levels of health, agriculture, religion, education, family planning, cooperatives, and other local officials. The participants were given an introduction to the objectives and targets of the several elements of the project which was followed by group discussions to identify problems and work out a mechanism for cooperation and mutual support. The eleven day training course was attended by thirty-four health centre staff from the seven sub-districts, four regency level supervisors, and six observers from the local women's and church organizations. The training included an introduction to the programme, and specific instruction and field practice in training and supervising

village volunteers to (1) weigh children and use the growth chart for monitoring of nutrition status, (2) teach good weaning and child feeding practices and implement supplementary feeding, (3) identify vitamin A deficiency and anemia and distribute vitamin A and iron folate supplements, (4) teach the use of oral rehydration therapy for prevention of dehydration due to diarrhoea, and (5) diagnose and treat cases of malaria and skin infections.

b. Growth monitoring and Basic Health Care

During late July and August 1982 the newly trained health centre staff selected and trained 330 village volunteers to assist with the nutrition and health activities outlined above. Following this training the core activity - child weighing - was initiated in 60 weighing posts located in the seven sub-districts. During these weighing sessions the mothers receive education concerning proper feeding practices for their under-five children. Cooking demonstrations are included and all children receive a supplementary meal. In addition, the children are given vitamin A capsules (every six months), anti-malarial drugs, soap, skin ointment, and antibiotic eye ointment as indicated, and they are referred to the health centre for other treatment if necessary. In the event that a child is identified as severely malnourished he/she is enrolled in daily rehabilitative supplementary feeding.

Programme coverage (the percentage of all children under-five who are registered in the programme) has been above 80% since the early months of activities, and in fact has been approximately 100% in 5 of the 7 sub-districts since the programme began. Participation (the percentage of children registered who are weighed each month) has also been extremely high, averaging approximately 88%, in comparison with the Indonesian nation-wide UPGK programme figure of 56%

c. Rehabilitative Supplementary Feeding

Since February 1983, rehabilitative supplementary feeding of malnourished children has been a major priority among project activities. All children under-five identified during monthly weighing sessions as severely malnourished (weight below the red line on the growth chart) and those not gaining weight for 3 consecutive months receive daily supplementary food. This is consistent with Indonesian national policy and this food is not intended to replace food normally consumed at home. Corn and oil have been supplied from government and ICRC stocks while UNICEF has provided cash subsidies to purchase protein sources including dried fish and pulses. Vegetables are contributed by the villagers when available. Supplemental foods are cooked by the village nutrition volunteers and mothers in village feeding centres. Children are generally fed two times a day and the menu is calculated to provide approximately 950 calories to each child per day. The following table depicts the relevant data concerning rehabilitative supplementary feeding in each sub-district.

TABLE II

Rehabilitative Supplementary Feeding

Sub-district	Village	Feeding Center	No. of children fed March'83	June'83	Dec'83	March'84	May'84
Uatolari	6	6	418	205	149	97	291
Iliomar	6	6	110	90	81	47	47
Luro	6	2	70	20	46	49	35
Dilor	4	2	52	24	27	37	49
Laklubar	6	6	65	26	38	63	43
Turiskay	3	1	62	20	24	31	35
Natarbora	2	2	15	24	8	4	3
Total	13	24	803	409	374	328	503

d. Associated Community Development and Supporting Activities

On the basis of recommendations made by a team of consultants in November 1982, plans were developed in cooperation with the appropriate government sectors (i.e. health, agriculture, animal husbandry, education and community development) to implement a variety of supporting activities. In January poultry, goats, and fish fingerlings were distributed to all seven locations and in February, Lamtoro seedlings and vegetable seeds were distributed in each area. A piped water system in Laklubar was installed in May. Plans for further educational and community development activities were developed and are described below.

III. PROGRAMME ACTIVITIES JULY 1983 TO JUNE 1984

a. Supervision and Training

A major focus of the second year of programme implementation has been to strengthen the basic monthly nutrition and health activities. To this end, supervision from PMI-UNICEF staff has been intensified with each sub-district being visited by programme staff for a period of approximately one week each month. In addition, a twelve day refresher training session was held for health centre staff and other sub-district level trainers of the village volunteer workers. This training focused not only on a review of programme activities and issues, but placed special emphasis on non-formal interactive educational techniques, as well as the skills of problem identification and priority setting in the context of community motivation and education. This course has in turn been followed by the establishment of regular monthly refresher training sessions for the village volunteer workers.

In an effort to improve coordination of project activities with the Department of Health, a two day seminar for provincial and regency health staff was held to improve their understanding of the project's objectives and activities, and to plan for increased coordination and cooperation in the future.

Programme staff are currently formulating plans for training activities for traditional birth attendants in each area.

b. Growth Monitoring and Supplementary Feeding

Monthly weighing sessions have continued on a regular basis and levels of coverage and participation remain high. The relevant statistics are depicted in Annex I. Rehabilitative supplementary feeding activities have also continued. As seen in Table II (page 4) the number of malnourished children requiring food supplementation initially decreased from the high levels of the early months of the programme, but in recent months has increased significantly. This reflects a complex set of factors including localized food shortages which the project is now monitoring through household food availability surveys. In any case there is a continuing need to provide supplementary food to children identified during weighing sessions as being at "nutritional risk".

c. Immunization and Anti-Yaws Campaigns

During January - April 1984, PMI-UNICEF staff working with the local Department of Health have utilized local programme staff to implement a mass immunization campaign in all seven sub-districts. Nearly 100% of all eligible children under-five years of age received BCG, DPT I, Polio I, and Measles vaccines, while over 80% of children received DPT II and Polio II. In addition, 5,800 women received at least one tetanus toxoid injection and over 3,700 received two tetanus immunizations, protecting their future infants from neonatal tetanus.

Yaws, a highly communicable, potentially disabling disease was noted by project staff to be highly prevalent in the sub-districts of Luro and Iliomar. Programme staff working with the Department of Health conducted an anti-yaws campaign, treating 264 cases and an additional 750 contacts. With proper follow up, this campaign will eradicate the disease from these areas.

d. Gardening Activities

The project continued to support gardening activities in all areas. Hand implements, and seeds (vegetables and pulses) have been supplied to the village volunteer workers to plant community demonstration gardens. In addition, implements and seeds have been provided to the literacy study groups (see item e) with which to plant community collective gardens. Five hectares of peanuts and beans were planted in each sub-district by these groups, greatly increasing the total protein available to the diets of the inhabitants.

e. Non-formal Education

PMI-UNICEF and Department of Education staff have cooperated to form ten literacy study groups of 30 individuals each in all seven sub-districts, and a total of 210 tutors have been trained. Books and writing implements have been distributed and all groups have begun activities. In addition to literacy classes, the collective gardening activities mentioned above and income generating activities for tutor groups are also taking place.

f. Water Supply Activities

A proposal is currently being developed by project staff in cooperation with officials from the Department of Community Development to undertake water supply activities in each area. These will range in scope from protecting previously existing dug wells with cement collars and aprons, to installing more complex piped water supplies where well installation is not feasible.

IV. FINANCIAL STATEMENT

The financial statement for the period of June 1982, through May 31, 1984 is presented below :

1. Funds Received

Donor	Date	Amount (US$)	
Australia	August 1982	252,270	
The Netherlands	October 1982	55,000	
Canada	October 1982	23,000	
Sweden	February 1983	163,265	
Australia	July 1983	438,642	
	T o t a l		932,177

2. Expenditures

A. Programme Preparation

1. Organizational Activities	1,600	
2. Nutritional Status Baseline Studies	2,230	
3. Community Development Assessment	2,424	
T o t a l		6,254

B.	Supplies and Equipment		28,894
C.	Training		
	1. Orientation and Initial Training at Provincial, Regency, and Sub-district level, 1982	33,026	
	2. Training of Village Leaders and Volunteers Workers, 1982	6,800	
	3. Refresher Training of Programme Staff, 1984	19,933	
	4. Refresher Training of Village Volunteer Workers, 1984	3,808	
	T o t a l		63,567
D.	Supplementary Feeding		14,695
E.	Food Production Support		8,447
F.	Water Supply Project		8,804
G.	Immunization Campaign		5,752
H.	Local Supervision		16,912
I.	Helicopter Charges*		377,537
J.	Administrative and Overhead Costs-PMI		127,657
K.	UNICEF Consultants (Salary & Travel		72,146
	T o t a l		730,654
3.	Balance as of May 31, 1984		201,253
4.	Estimated Expenditures June 1984		35,000
5.	Estimated Balance June 30, 1984		166,353

* The helicopter is utilized for transporting staff to project areas for routine supervision and other special activities, as well as transporting logistical supplies including foodstuffs for supplementary feeding.

It should be noted that expenditures for non-formal education activities and the associated community gardens totalling $ 37,024 are funded directly from UNICEF regular programme funds through the Department of Education and Culture, rather than from the special project funds.

Accounts will be audited according to the established policies and procedures of UNICEF.

UNICEF JAKARTA, 30 June 1984

APPENDIX I

Results of Monthly Weighing - PMI-UNICEF Special Project of Basic Services for Children, Mothers and their Families in East Timor (PDAIK) 1983 / 84

Sub-District UATULARI

Total Population : 14,053
Weighing Post : 12
No. of Cadre : 80

	S	K	D	N	Δ	Δ/D
August '83	3278	2482	2461	1987	66	2.68
September	3282	2511	2511	2086	45	1.79
October	3286	2530	2530	2263	23	0.91
November	3279	2553	2553	2347	28	1.10
December	3281	2572	2572	2405	42	1.63
January '84	3293	2613	2597	2523	35	1.35
February	3295	2631	2631	2235	39	1.48
March	3296	2647	2647	2114	47	1.78
April	3298	2420	2192	1510	99	4.52
May	3250	2357	2314	1665	104	4.49
June						
July						

Sub-District ILIOMAR

Total Population : 5,676
Weighing Post : 6
No. of Cadre : 60

	S	K	D	N	Δ	Δ/D
August '83	741	739	579	372	17	2.93
September	732	729	612	398	19	3.10
October	739	721	601	319	27	4.49
November	748	727	638	324	45	7.05
December	748	731	671	424	36	5.36
January '84	748	735	660	320	44	6.67
February	741	738	641	399	35	5.46
March	768	768	681	422	36	5.29
April	765	762	677	463	35	5.17
May	777	777	709	336	44	6.20
June						
July						

Sub-District LAKLUBAR

Total Population : 8,866
Weighing Post : 11
No. of Cadre : 50

	S	K	D	N	Δ	Δ/D
August '83	996	937	451	228	10	2.27
September	996	937	219	219	47	8.56
October	745	715	350	219	13	3.71
November	1010	951	577	247	34	5.90
December	1010	951	584	263	38	6.50
January '84	1017	859	648	396	25	3.86
February	1066	1029	776	288	48	6.18
March	1107	1012	741	437	38	5.13
April	949	901	699	436	32	4.58
May	1008	972	760	430	43	5.66
June						
July						

Sub-District TURISKAY

Total Population : 2,929
Weighing Post : 7
No. of Cadre : 40

	S	K	D	N	Δ	Δ/D
August '83	461	461	461	262	24	5.20
September	477	477	365	239	23	6.30
October	478	464	377	184	12	3.18
November	468	466	334	206	17	5.09
December	429	429	431	281	20	4.64
January '84	494	492	366	205	18	4.92
February	503	482	377	267	31	8.22
March	530	517	400	242	31	7.75
April	532	517	449	285	40	8.91
May	534	523	449	292	28	6.24
June						
July						

Sub-District LURO

Total Population : 4,984
Weighing Post : 12
No. of Cadre : 60

	S	K	D	N	Δ	Δ/D
August '83	866	619	619	438	16	2.58
September	861	623	623	517	20	3.21
October	839	605	595	321	29	4.87
November	839	608	608	467	31	5.10
December	830	607	607	395	46	7.57
January '84	828	610	610	379	43	7.05
February	720	604	515	267	22	4.27
March	758	653	474	224	27	5.70
April	642	642	598	305	40	6.69
May	758	635	568	421	30	5.28
June						
July						

Sub-District DILOR

Total Population : 4,755
Weighing Post : 8
No. of Cadre : 40

	S	K	D	N	Δ	Δ/D
August '83	519	516	481	268	30	6.24
September	526	523	464	355	18	3.88
October	533	533	459	286	20	4.36
November	514	544	544	349	17	3.12
December	543	543	531	297	27	5.08
January '84	558	538	518	317	25	4.83
February	568	568	568	188	23	4.05
March	577	577	573	262	26	4.54
April	584	584	574	292	30	5.23
May	576	575	573	298	33	5.76
June						
July						

Sub-District NATARBORA

Total Population : 1,731
Weighing Post : 4
No. of Cadre : 20

	S	K	D	N	Δ	Δ/D
August '83	236	236	228	170	8	3.51
September	236	236	228	170	8	3.51
October	234	234	206	166	3	1.46
November	229	229	213	162	4	1.88
December	220	220	206	126	3	1.45
January '84	222	222	215	166	4	1.86
February	226	226	214	149	1	0.47
March	231	231	206	153	4	1.94
April	233	233	203	151	4	1.97
May	232	232	192	131	3	1.56
June						
July						

TOTAL

Population : 42,995
Weighing Post : 60
No. of Cadres : 330

	S	K	D	N	Δ	Δ/D
August '83	7097	5990	5280	3785	171	3.24
September	7110	6036	5352	3984	180	3.36
October	6854	5798	5117	3758	127	2.48
November	7117	6078	5467	4102	176	3.22
December	7061	6053	5602	4191	212	3.78
January '84	7160	6088	5614	4356	219	3.90
February	7119	6278	5122	3796	199	3.48
March	7267	6405	5122	3854	209	3.65
April	7003	6059	5393	3442	280	5.19
May	7135	6071	5565	3573	285	5.12
June						
July						

NOTE:

S : Total BAli

K : Number of BAlita registered in the programme.

D : Number of Balita weighed this month

N : Number of Balita weighed in previou month who gained weight this month.

Δ : Number of Balita severely malnouris by programme criteria.

Δ/D : Proportion of Balita weighed who ar severely malnourished.